

**MISSISSIPPI STATE PERSONNEL BOARD  
OFFICE OF WORKFORCE DEVELOPMENT**

# Training Registration Form

Administrative Support Certification Program, Basic Supervisory Course Program  
Certified Public Manager® Program, & Human Resources Certification Program

<b>Check One:</b> (Note: Please check only one certification program per registration form.)		<b>FOR SPB USE ONLY</b>	
<b>Administrative Support Certification Program (ASCP)</b> <input type="radio"/> Level I <input type="radio"/> Level II <input type="radio"/> Level III			
<b>Basic Supervisory Course Program (BSC)</b>			
<b>Certificate in Supervisory Management (CSM)</b> <input type="radio"/> Orientation <input type="radio"/> Level I <input type="radio"/> Level II <input type="radio"/> Level III			
<b>Certified Public Manager® (CPM)</b> <input type="radio"/> Level IV <input type="radio"/> Level V <input type="radio"/> Level VI			
<b>CSM/CPM Reactivation</b> (Activity must accompany reactivation application.)			
<b>Human Resources Certification (HRCP)- Professional Level</b> <input type="radio"/> Level I <input type="radio"/> Level II <input type="radio"/> Level III <input type="radio"/> Level IV <input type="radio"/> Level V			
<b>PREFERRED SESSION DATES</b>			
<b>FIRST CHOICE:</b> (Note: For BSC indicate session number)		<b>SECOND CHOICE:</b> (Note: For BSC indicate session number)	
<b>PARTICIPANT INFORMATION</b>			
<b>Dr. /Mr. /Ms. /Mrs.    Last Name:</b>		<b>First Name:</b> <b>Middle Initial:</b>	
<b>Name Preferred on Nametent:</b>			
<b>MELMS Identification Number:</b>		<b>Home Telephone Number:</b>	
<b>Home Address:</b>		<b>Zip Code:</b>	
<b>EMPLOYMENT INFORMATION</b>			
<b>Name of Agency:</b>		<b>Division or Facility (If applicable):</b>	
<b>Work Address:</b>	<b>Zip Code:</b>	<b>Email Address:</b>	
<b>Job Title:</b>	<b>Work Number:</b>	<b>Fax Number:</b>	
<b>Are you a Supervisor?</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Years in Government:</b>	<b>Years in Current Job:</b>	
<b>The following information is collected to compile statistical reports. You ARE NOT legally obligated to provide this information.</b>			
<b>Racial/Ethnic Group:</b>	<input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> Other _____	<b>Sex:</b>	<input type="radio"/> Male <input type="radio"/> Female
<b>Highest Level of Education Completed:</b>	<input type="radio"/> Diploma or GED <input type="radio"/> Vo-Tech School <input type="radio"/> Some College <input type="radio"/> College Degree <input type="radio"/> Graduate Courses <input type="radio"/> Graduate Degree	<b>Special Services Needed:</b>	<input type="radio"/> Interpreter <input type="radio"/> Wheelchair Entrance <input type="radio"/> Braille <input type="radio"/> Other_____

## BILLING INFORMATION

Agency/Organization/Division:

To the Attention of:

Telephone Number:

Address:

Zip Code:

SAAS Agency Number:

Fund Code:

**Please Note! Written cancellations must be received in the Office of Training two weeks prior to your scheduled class or your agency will be billed! If you are attending an agency sponsored session, you must give your agency coordinator at least two weeks notice to make a cancellation and/or substitution.**

## APPROVAL SIGNATURES

Applicant Signature:

Date:

Supervisor Approval:

Date:

Organization Approval/Certifying Official:

Date:

Organization Training Coordinator:

Date:

**The Mississippi State Personnel Board Office of Training is committed to the principle of affirmative action and shall not discriminate against otherwise qualified persons on the basis of race, color, religion, sex, age, national origin, disability, or veteran's status in its admission, facility and program accessibility or services.**

**MAIL/HANDMAIL ADDRESS:** Mississippi State Personnel Board  
Office of Workforce Development  
Regions Plaza Building  
210 East Capitol Street, Suite 800  
Jackson, MS 39201

**FAX NUMBER:** (601) 359-2717

**Please refer to the State Personnel Board website at [www.mspb.ms.gov](http://www.mspb.ms.gov) for more information.**

- **Administrative Support Certification Program**

Jennifer Jasper, CPM (601) 359-2748 – Training Coordinator  
[jennifer.jasper@mspb.ms.gov](mailto:jennifer.jasper@mspb.ms.gov)

- **Basic Supervisory Course Program**
- **Human Resources Certification Program**

Dianne Macon, CPM, (601)-359-2723 -  
Director of Basic Supervisory Course and Human Resources Certification Program  
[Dianne.Macon@mspb.ms.gov](mailto:Dianne.Macon@mspb.ms.gov)

- **Certified Public Manager Program**

Shondra Houseworth, MBA, CPM (601) 359-2715 –  
Director of Management/Supervisory Training Programs  
[shondra.houseworth@mspb.ms.gov](mailto:shondra.houseworth@mspb.ms.gov)